

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
COMPUTED TOMOGRAPHY (CT) STANDARD ADVISORY COMMITTEE (SAC)
MEETING**

Thursday, August 9, 2007

Capitol View Building
201 Townsend Street
MDCH Conference Center
Lansing, Michigan 48913

APPROVED MINUTES

I. Call To Order

Chairperson Shumaker called the meeting to order at 9:08 a.m.

A. Members Present:

Gerrie Baarson, Battle Creek Health System
Sharon Brooks, DDS, Self
Dale M. Downes, Vice-Chairperson, Sparrow Hospital
Charles Dziedzic, Munson Medical Center (Alternate)
William C. Granger, MD, Blue Care Network of Michigan
Chad M. Grant, Detroit Medical Center
Jeffrey Hinman, MD, Spectrum Health
Dean J. Jackson, Marquette General Health System
Calvin C. Johnson, MidMichigan Health
Cassandra R. Saunders, Economic Alliance for Michigan (Arrived @ 9:16 a.m.)
Daniel B. Shumaker, MD, Chairperson, Michigan Radiological Society

B. Members Absent:

Alice W. Mailhot, Consumer Health Care Coalition
Kathleen A. McManus, Munson Medical Center
Kristin J. Tesner, Genesys Regional Medical Center

C. Michigan Department of Community Health Staff Present:

Umbrin Ateequi
John Hubinger
Irma Lopez
Andrea Moore
Brenda Rogers
Taleitha Pytlowanyj
Matt Weaver

II. Declaration of Conflicts of Interests

There were no conflicts stated at this time.

III. Review of Agenda

Motion by Dr. Brooks, seconded by Mr. Grant, to accept the agenda as presented. Motion Carried.

IV. Review of Minutes – July 10, 2007

Motion by Mr. Johnson, seconded by Dr. Brooks, to accept the minutes as presented. Motion Carried.

V. MDCH Information/Data

Ms. Ateequi provided a brief overview of the 2006 CT data for the Committee. Dr. Granger expressed concern that the CT data was not presented in a manner that allowed the members to analyze it due to it being in PDF format. Discussion followed.

VI. Review of Draft Language – Charge Addressed

Ms. Ateequi reviewed the Draft Language and the technical changes suggested. Discussion followed.

Motion by Dr. Granger that if a scanner/service is to be relocated, that the anticipated volume for the scanner/service would increase to the average for the HSA in which it is to be relocated or 10% above its current utilization, whichever is more. Motion failed due to a lack of a second.

Motion by Dr. Hinman, seconded by Mr. Jackson, to accept the Draft Language as presented for Charge items A-D in today's agenda. Motion Carried.

Motion by Dr. Granger, seconded by Dr. Hinman, to maintain the current Standards for volume thresholds for fixed and mobile CT Scanners pending further input and consideration of what is a CT equivalent. Motion Carried.

Public Comment

Bob Meeker, Spectrum Health
Melissa Cupp, Wiener & Associates

VII. Review and Discussion of Charge

A. Potential Pediatric and Special Needs Criteria and Need for Specific Weighting

Committee decided to wait until next meeting to discuss this item. Sample language was provided (Attachment A)

B. Replace/Upgrade Criteria and Definitions

Motion by Dr. Brooks, seconded by Mr. Grant, to consider adjusting the volume threshold for replacement/upgrade and consider the years of service to catch the outliers that would not be able to meet the threshold because of technological limitations but still have need for the technology and need to replace/upgrade that technology. Motion Carried.

Motion by Mr. Grant, seconded by Mr. Johnson, that the applicant proposing to replace/upgrade an existing CT scanner be exempt once from the volume threshold if the current machine is performing at least 5000 CT equivalents in the preceding 12 months and is a fully depreciated asset.

Break from 10:21 a.m. to 10:40 a.m.

Motion by Dr. Granger, seconded by Dr. Hinman, to table the Grant/Johnson Motion until the September 5, 2007 meeting. Motion Carried.

The Committee requested to have an analysis of the outcomes Mr. Grant is proposing in his Motion.

Motion by Dr. Brooks, seconded by Mr. Jackson, that an underperforming system can replace the CT scanner if it is completely depreciated and obsolete if it is over 8 years old.

Motion by Dr. Brooks, seconded by Dr. Granger, to table the Brooks/Jackson Motion until the September 5, 2007 meeting. Motion Carried.

The Committee requested more data for the next meeting in order to make a decision.

Public Comment

Penny Crissman, Crittenton Hospital
Bob Meeker, Spectrum Health
Larry Horwitz, Economic Alliance for Michigan
Monica Harrison, Oakwood Healthcare System

C. Criteria and Processes for Addressing Emerging Specialty Use Scanners

Dr. Brooks informed the SAC of her brief Medline search and printout of abstracts related to dental CT use.

VIII. Public Comment

Melissa Cupp, Wiener & Associates

IX. Next Steps

Information regarding any of the emerging specialty use scanners should be shared with staff, who can then forward distribution to the Committee.

Ms. Ateequi provided a brief summary of the meeting's activities.

X. Future Meeting Dates 2007

September 5
October 10
November 14

XI. Adjournment

Motion by Dr. Granger, seconded by Mr. Jackson, to adjourn the meeting at 12:21 p.m. Motion Carried.

SAMPLE LANGUAGE

Section 15. Determination of CT Equivalents

Sec. 15. For purposes of these standards, CT equivalents shall be calculated as follows:

(a) Each billable procedure for the time period specified in the applicable section(s) of these standards shall be assigned to a category set forth in Table 1.

(b) The number of billable procedures for each category in the time period specified in the applicable section(s) of these standards shall be multiplied by the corresponding conversion factor in Table 1 to determine the number of CT equivalents for that category for that time period.

(c) The number of CT equivalents for each category shall be summed to determine the total CT equivalents for the time period specified in the applicable section(s) of these standards.

| Table 1 Category | Number of Billable CT Procedures | | Conversion Factor | | CT Equivalents |
|---|--|---|----------------------|---|-------------------|
| Head Scans w/o Contrast (includes dental CT images) | _____ | X | 1.00 | = | _____ |
| Head Scans with Contrast | _____ | X | 1.25 | = | _____ |
| Head Scans w/o & w Contrast | _____ | X | 1.75 | = | _____ |
| Body Scans w/o Contrast | _____ | X | 1.50 | = | _____ |
| Body Scans with Contrast | _____ | X | 1.75 | = | _____ |
| Body Scans w/o & w Contrast | _____ | X | 2.75 | = | _____ |
| Pediatric/Special Needs Patient Head Scans w/o Contrast (includes dental CT images) | _____ | X | 1.00 + x* | = | _____ |
| Pediatric/Special Needs Patient Head Scans with Contrast | _____ | X | 1.25 + x | = | _____ |
| Pediatric/Special Needs Patient Head Scans w/o & w Contrast | _____ | X | 1.75 + x | = | _____ |
| Pediatric/Special Needs Patient Body Scans w/o Contrast | _____ | X | 1.50 + x | = | _____ |
| Pediatric/Special Needs Patient Body Scans with Contrast | _____ | X | 1.75 + x | = | _____ |
| Pediatric/Special Needs Patient Body Scans w/o & w Contrast | _____ | X | 2.75 + x | = | _____ |
| TOTAL CT EQUIVALENTS | | | | | _____ |

*** x = Additional Weighting**

Definitions:

“Pediatric patient,” means a patient who is 12 years of age or less.

“Special needs patient” means a non-sedated patient, either pediatric or adult, with any of the following conditions: down syndrome, autism, attention deficit hyperactivity disorder (ADHD), developmental delay, malformation syndromes, hunter’s syndrome, multi-system disorders, psychiatric disorders, and other conditions that make the patient unable to comply with the positional requirements of the exam.